

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW		71421	11-25

## INDEX OF CLAIMS

.....	Rejected	N	.....	Non-elected
.....	Allowed	I	.....	Interference
(Through numeral).....	Canceled	A	.....	Appeal
.....	Restricted	O	.....	Objected

Claim	Date
1	Original
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5	5/16/62
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Chain	Pin	Original	Date
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Claim	Date
Final Original	
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If more than 150 claims or 10 actions  
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